

**DEPT. OF BEHAVIORAL AND DEVELOPMENTAL SERVICES**  
**CHILDREN'S SCREENING AND ASSESSMENT PROGRAM**

**ASSESSMENT EXEMPTION FORM**

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S ID#: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

MAINECARE # \_\_\_\_\_

CASE MANAGER/RATER NAME: \_\_\_\_\_

RATER ID# (if applicable): \_\_\_\_\_

AGENCY/PROGRAM NAME: \_\_\_\_\_

**SECTION I. Assessments Not being Completed** - Check off appropriate items

<u>School-Age Tools</u> CAFAS _____ CALOCUS _____ CHAT _____ FES _____ ALL _____	<u>Early Childhood Tools</u> A&S Questionnaires _____* A&S-SE Questionnaires _____* FES _____ <small>*A&amp;S Tools are not required to be sent to BDS for data entry – copies retained by agency in child's record</small>
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Explanation: \_\_\_\_\_

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**PARENT/GUARDIAN APPROVAL OF ASSESSMENT NOT BEING COMPLETED**

(Check Mark and Parent/Guardian Signature Required)

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION II. Exit from Services** – Complete this section if child is exiting from services and you wish to use a previously administered tool(s) as the exit interview. This assessment(s) must have occurred within the last three (3) months.

<input type="checkbox"/> Child is Exiting from Services Date Assessed: ____/____/____ Assessment Tool(s): _____ Administration Interval (baseline; Entry into Service; Annual , etc.) _____
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